

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7/2/03.

I. DISPUTE

Whether there should be additional reimbursement for chronic pain program - 97799-CP x 18 units from 8/28/02 through 11/20/02.

II. RATIONALE

The disputed services were paid at a fair and reasonable rate of \$115.00 per hour reduced to \$92.00 an hour (non-CARF accredited) per the respondent. The requestor does not consider this amount either fair or reasonable.

Commission Rule 133.307 (g)(3)(D) states, "If the dispute involves health care for which the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §133.1 of this title (relating to Definitions) and §134.1 of this title (relating to Use of the Fee Guidelines);"

The requestor submitted no documentation supporting that the amount billed for the disputed services should be considered fair and reasonable. On this basis, additional reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for chronic pain program – 97799 CP x 18 units from 8/28/02 through 11/20/02.

The above Findings and Decision are hereby issued this 16th day of December 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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